 <b>TRANSMITTAL FORM</b>	Attorney Docket No. <b>01181/2161P</b>
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In re the application: **Yaron KRETCHMER et al.**

Confirmation No: **4084**

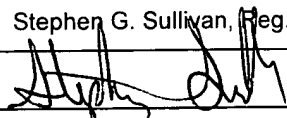
Serial No: **09/978,141**

Group Art Unit: **2825**

Filed: **October 15, 2001**

Examiner: **Dimyan, Magid Y.**

For: **Automatic Method and System for Instantiating Built-In-Test (BIST) Modules in ASIC Memory Designs**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	<b>*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from January 4, 2005 to February 4, 2004.</b>			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				
CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	12	29	0	\$ 50.00	\$ 0.00
Independent Claims	2	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00
METHOD OF PAYMENT					
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.				
<input checked="" type="checkbox"/>	Charge <b>\$120.00</b> to Deposit Account No. 12-2252 (LSI Logic Corporation) for payment of extension fee.				
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 12-2252 (LSI Logic Corporation).				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Attorney Name	Stephen G. Sullivan, Reg. No. 38,329				
Signature					
Date	February 3, 2005				
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <b>February 3, 2005</b>					
Type or printed name	Jimmy Nguyen				
Signature	